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## *Facsimile Transmittal*

**DATE:** October 5, 2005

**TO:** USPTO

**ATTN:** AMENDMENT

**RE:** Serial No. 10/750,316

**FAX :** 571-273-8300

**FROM:** George C. Pappas

**Number of Pages Sent:** 12 (including this transmittal cover sheet)

ATTACHED HERETO PLEASE FIND AN AMENDMENT IN 10 PAGES;  
TRANSMITTAL FORM (1) PAGE;

PLEASE CALL ME IF YOU HAVE ANY QUESTIONS.

I hereby certify that this correspondence is being sent VIA FACSIMILE to the Commissioner of Patents at fax number (571) 273-8300. Attention Office of Amendments, on:

10/5/05

(Date of Deposit)

Darla D. Kasmeho

(Name of the Person Making the Deposit)

(Signature)

## AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Customer No.: 23696  
Attorney Docket No.: 030453  
In Re Application of: Jay King  
Serial Number: 10/750,316  
Filed: 12/30/03  
Examiner: Walter Briney  
Group Art Unit: 2646

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OCT 05 2005

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

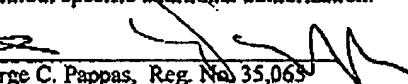
CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	27	30	0	x \$50 =	\$0
Independent**	7	7		x \$200 =	\$0
Multiple Dependent Claim(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$360	\$
EXTENSION FEES			<input type="checkbox"/> One Month	\$120	\$
			<input type="checkbox"/> Two Months	\$450	\$
			<input type="checkbox"/> Three Months	\$1020	\$
TERMINAL DISCLAIMER			\$130	\$	
			TOTAL FEE	\$0	

\*If the number in column a is less than 20, enter 0 in column c.

\*\*If the number in column a is less than 3, enter 0 in column c.

4.  Fee check in the amount of \$\_\_\_\_\_ is enclosed to pay for any claim and/or extension fees.
5.  Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$0.  
The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6.  The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: 10/5/05

Signature: 

George C. Pappas, Reg. No. 35,063  
858-651-1306

QUALCOMM Incorporated  
Attn: Patent Department  
5775 Morehouse Drive  
San Diego, California 92121-1714  
Telephone: (858) 658-5787  
Facsimile: (858) 658-2902

## CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

## MAILING

deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

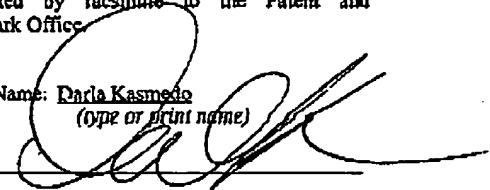
Depositor's Name: \_\_\_\_\_  
(type or print name)

Date: 10/5/05

## FACSIMILE

transmitted by facsimile to the Patent and Trademark Office

Depositor's Name: Darla Kasmedo  
(type or print name)

Signature: 

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OCT 05 2005  
**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In Re Application of	)	For:	VERSATILE CIRCUIT FOR
Jay Steven King	)		INTERFACING WITH AUDIO
	)		HEADSETS
Serial No. 10/750,316	)		
Filed: 12/30/03	)	Group No. 2646	

**AMENDMENT**

Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated August 10, 2005 please amend the above-identified application as follows:

**CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))**

I hereby certify that this correspondence is, on the date shown below, being:

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Depositor's Name: \_\_\_\_\_  
 (type or print name)

Date: 10/5/05

**FACSIMILE**

- transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: Daria Kasmedo

(type or print name)

Signature: 